Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER The Governor Gray Davis Committee			Date of This Filing01/02/2002	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 962636		Report No. LCR-11231		For Official Use Only	
STREET ADDRESS			Amendment to Report No.	Page 1 of 3		
CITY Los Angeles	STATE CA	ZIP CODE 90035	(explain below) No. of Pages3			
	_					

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/31/2001	CDF Firefighters PAC Sacramento, CA 95825 ID# 790318	☐ IND ■ COM □ OTH □ PTY □ SCC		\$1,000.00
12/31/2001	L. John Doerr, III Woodside, CA 94062	IND COM OTH PTY SCC	Venture Capitalist Kleiner Perkins Caufield & Byers	\$25,000.00
12/31/2001	McGraw-Hill Companies Hightstown, NJ 08520	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$5,000.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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CITY Los Angeles	STATE CA	ZIP CODE 90035	(explain below) No. of Pages3			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/31/2001	Joan Irvine Smith San Juan Capistrano, CA 92693	IND COM OTH PTY SCC	Retired N/A	\$7,500.00
12/31/2001	Temescal Canyon Properties-8, LLC Glendale, CA 91208 Memo Reference:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$25,000.00
		☐ SCC ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

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		Amendment to Report No.	Page 3 of 3		
		STATE ZIP CODE CA 90035	(explain below) No. of Pages3		
Late Contrib	oution(s) Made				
DATE MADE		AILING ADDRESS AND ZIP CODE OF RECIPIENT FORMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTIC	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC